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Date: July 22, 2003

Docket No.: 0641-0251P

MS PATENT APPLICATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): ELLIOT, Andrew James

For: LUMBAR SUPPORT

Enclosed are:

- ☒ A specification consisting of Thirteen (13) pages
- ☒ Three (3) sheet(s) formal drawings
- ☒ An assignment of the invention
- ☐ Applicant claims small entity status under 37 C.F.R. § 1.27
- ☒ Applicant does not claim priority
- ☐ Applicant claims the right of priority under 35 U.S.C. § 119 based on Application No(s). filed in on .
 - ☐ Certified copy(ies) is(are) attached hereto.
 - ☐ Certified copy(ies) will follow.

- ☐ Amend the specification by inserting before the first line thereof the following:
- a. ☐ --This nonprovisional application claims priority under 35 U.S.C. § 119(a) on Patent Application No(s).
filed in _____ on _____, which is(are) herein incorporated by reference.--
- b. ☐ --This nonprovisional application claims priority under 35 U.S.C. § 119(e) on U.S. Provisional Application No(s).
filed on _____, which is(are) herein incorporated by reference.--
- ☒ Executed Declaration (☐ Original ☒ Photocopy)
- ☐ Application Data Sheet in accordance with 37 C.F.R. § 1.76
- ☐ Preliminary Amendment
- ☒ Information Disclosure Statement, PTO-1449 and reference(s)
- ☐ Other:
- ☐ Applicant requests early publication - \$300.00 publication fee
- ☐ Non-publication Request and Certification under 35 U.S.C. § 122(b) (2) (B) (i)

The filing fee has been calculated as shown below:

			LARGE ENTITY	SMALL ENTITY
BASIC FEE			\$750.00	\$375.00
	NUMBER FILED	NUMBER EXTRA	RATE FEE	RATE FEE
TOTAL CLAIMS	13- 20 =	0	X 18 = \$0.00	x 9 = \$0.00
INDEPENDENT CLAIMS	1- 3 =	0	x 84 = \$0.00	x 42 = \$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED			+ \$280.00	+ \$140.00
TOTAL			\$750.00	\$0.00

- ☒ A check in the amount of \$790.00 to cover the filing fee and recording fee (if applicable) is enclosed.
- ☐ Please charge Deposit Account No. 02-2448 in the amount of \$0.00. A triplicate copy of this transmittal form is enclosed.
- ☒ Please send correspondence to:
BIRCH, STEWART, KOLASCH & BIRCH, LLP or Customer No. 02292
P.O. Box 747
Falls Church, VA 22040-0747
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If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 02-2448 for any additional fees required under 37 C.F.R. § 1.16 or under 37 C.F.R. § 1.17; particularly, extension of time fees.

Respectfully submitted,

BIRCH, STEWART, KOLASCH & BIRCH, LLP

By 

Joseph A. Kolasch, #22,463

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Attachment(s)

(Rev. 07/14/03)